



DHMH

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Dear Administrator:

In accordance with the Code of Maryland Regulations 10.07.05, the following must be received by our office before a license can be issued:

1. The completed application and a check or money order for \$500.00 made payable to the Department of Health and Mental Hygiene. (**Application fees are non-refundable**).
2. A list of licensed personnel (if applicable). Identify licensed supervisory personnel.
Be sure to include license verification.
3. A list of non-licensed personnel (identify positions held).
4. Policies and procedures and sample files as required by COMAR 10.07.05.
5. **DME Companies only:** Include copies of specific policies and procedures with application (see attached list and guidelines). Please be aware that all policies and procedures must be available and open to inspection at all times
6. Regulations must be reviewed prior to application (see State Affidavit).
7. The Residential Service Agency program is **NOT** a Medicare program.

Please be advised that due to the volume of RSA applications, the application review period may be up to 6 MONTHS and there will be a 90-day Provisional Licensure period and an on-site survey for agencies applying to provide services other than Durable Medical Equipment.

MAIL COMPLETED APPLICATION PACKETS TO THE ADDRESS BELOW:

**Mrs. Barbara Fagan
Program Manager
Office of Health Care Quality
55 Wade Avenue, BB Building
Catonsville, Maryland 21228**

PLEASE NOTE: OHCQ WILL NO LONGER HAVE CODE OF MARYLAND REGULATIONS (COMAR) AVAILABLE FOR PURCHASE. TO OBTAIN A COPY OF THE REGULATIONS YOU MAY DO ONE OF THE FOLLOWING:

- Visit the Division of State Documents website at www.dsd.state.md.us
- Call the Division of State Documents at 410-974-2486 ext. 3876 or 800-633-9657 ext. 3876
- Visit your local library (Check online at www.dsd.state.md.us/Depositories.aspx to find the closest location)

If there are any questions regarding the licensure process, please contact this Office at (410) 402-8267.

Sincerely,

Barbara Fagan
Program Manager
Ambulatory Care
Office of Health Care Quality

BF/edh

OFFICE OF HEALTH CARE QUALITY
Residential Service Agency Initial Licensure Application

Official name of agency _____

Trading Name (dba) _____

Agency Address _____

_____ **County** _____

Mailing Address (if different from above) _____

Business Phone No. _____ **Fax No.** _____

Days and Hours of Operation _____

Email Address _____

Emergency/After Hours Phone Number _____

Administrator: Mr. ☐ Ms. ☐ Mrs. ☐ _____

See Page Three for information about Branch Offices.

A non-refundable application fee of five hundred dollars (\$500.00) is to be attached to the application. Make checks or money orders payable to the Maryland Department of Health and Mental Hygiene.

Home Care Services to be Provided:

(Please check all that apply)

- _____ Skilled Nursing
- _____ Occupational Therapy
- _____ Physical Therapy
- _____ Speech Therapy
- _____ Medical Social Services
- _____ Intravenous or Related Therapies
- _____ Durable Medical Equipment
- _____ Durable Medical Equipment w/Oxygen
- _____ Ventilator Services

Category: For Profit () Non Profit ()

Type of Ownership:

☐ **Individual/Sole Proprietorship**

Name of Owner _____

Address of Owner _____

☐ **Partnership**

☐ **Corporation**

If the applicant is a corporation, or partnership, list each officer or director, and the names of individuals holding 2% or more ownership. (Attach list if necessary)

Name & Title	Address	%Owned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Branch Office

If applicable, list address (es) of any branch office (s):

Note: “Branch office” means a satellite office of a RSA that is operated by the same person, corporation or other business entity that manages parent RSA, and that along with the parent RSA has the same:

- a. Ownership tax identification number as the parent business entity;
- b. Upper-level management;
- c. Policies and procedures; and
- d. Provides services within the same geographic area served by the parent business entity.

“I, _____, do solemnly declare and affirm under penalties of perjury that the contents of the foregoing application are true to the best of my knowledge, information, and belief. I understand that the falsification of an application for a license shall subject me to criminal prosecution, civil money penalties, and/or the revocation of any license issued to me by the Department of Health and Mental Hygiene. ”

Print Name of Authorized Person

Signature of Authorized Person

Title

Date

By signing this form, the signee indicates full understanding that a violation will constitute grounds for revoking the license to operate a Residential Service Agency in the State of Maryland.

**State of Maryland
Office of Health Care Quality
Residential Service Agency Hotline**

In accordance with State regulations, the State of Maryland has established a Residential Service Hotline. The purpose of the Residential Service Agency Hotline is:

- To receive complaints about local residential service agencies
- To receive questions about local residential service agencies.
- To lodge complaints concerning the implementation of advance directives.

The hot line is available 24 hours per day, 7 days per week
All voice mail messages will be returned during the next business day.

at:

1-800-492-6005

Written complaints may be submitted to:

Barbara Fagan, Program Manager
Office of Health Care Quality
Spring Grove Center
Bland Bryant Building
55 Wade Avenue
Catonsville, Maryland 21228

or

Via our website at www.dhmf.state.md.us/ohcq/faq_help/file_a_complaint.htm.

The Office of Health Care Quality may also be reached Monday through Friday from
8 AM to 5 PM at: 410-402-8267.

POLICIES AND PROCEDURES

1. A list of licensed and non-licensed personnel (include license number and expiration date). Identify the positions held by non-licensed personnel.
2. Resume of the Administrator
3. Licensure/certification verification for all licensed/certified personnel (if applicable)
4. Job descriptions for all positions
5. Complaint Resolution Procedures
6. Sample Personnel File
7. Scope of Services (type of care and population served) eg. pediatrics, geriatrics
8. Client/Patient Acceptance Criteria
9. Patient Admission Packet/Information
10. Emergency Procedures
11. Organizational Chart
12. Client/Patient Record Maintenance Procedures (include sample record)
13. Billing Procedures
14. Continuing Quality Improvement Plan
15. Infection Control Procedures
16. Health Requirements for Employees
17. Maintenance of Equipment

Note: DME Companies are only required to submit the above mentioned policies and procedures to this office for review. However, you are required to have all policies and procedures (per COMAR 10.07.05) available for review in your office. All other agencies must submit all policies and procedures (per COMAR 10.07.05) to this office for review along with the initial application packet. These policies will not be returned to your agency so please make sure you keep a copy in your office.

STATE AFFIDAVIT

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement may be prosecuted under applicable State Laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to become licensed or, where the entity already is licensed, a revocation of that license.

I certify that this agency is in compliance with the administrative and procedural requirements pertaining to COMAR 10.07.05, Regulations governing RSA Agencies, in the areas of written administrative patient care policies and other organizational documentation.

I further certify that I will notify the Office of Health Care Quality if there are any future substantive changes in agency and operation that significantly affect policies and procedure that notice will be given, in writing, before the effective date of the change.

I hereby swear and affirm that I am over the age of 21, I am otherwise competent to sign this Affidavit, and that these statements are true and based upon my personal knowledge.

NAME OF AGENCY:_____

SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

DATE

SUGGESTED FORMAT FOR WRITING POLICY AND PROCEDURE STATEMENTS

- DATE OF APPROVAL BY GOVERNING BODY
- TITLE OF POLICY OR SUBJECT OF THE POLICY
Example – Employee Orientation
- POLICY STATEMENT
Describe what the agency policy is for the subject of the policy
Example – All employees shall receive orientation prior to assuming responsibilities for the position.
- PURPOSE OF THE POLICY
Define why it is important to perform orientation –
Example – To assure staff understand and comply with all agency policies and procedures.
- PROCEDURE
State how orientation will be conducted –
Example – Who will be responsible?
What materials will be used?
How participation in orientation will be documented?

SUGGESTED FORMAT FOR WRITING JOB DESCRIPTIONS

- DATE OF APPROVAL BY GOVERNING BODY
- POSITION TITLE
Example – Nursing Supervisor
- POSITION TO WHICH THIS JOB TITLE REPORTS
Example – Reports to Director of Nursing
- QUALIFICATIONS
 - EDUCATIONAL REQUIREMENTS
Example – Graduation from accredited school of nursing
 - EXPERIENCE REQUIREMENTS
Example - # of years of home health experience
 # of years of supervisory experience
- CREDENTIAL REQUIREMENTS
Example – Current license in the State of Maryland
- JOB RESPONSIBILITIES
List the tasks that the person in this position would have to perform
Examples – Perform annual performance evaluations on all licensed nurses and home health aides.
 Participate in quality assurance activities.